



Virginia Department of Health
Special Nutrition Programs
Child and Adult Care Food Program (CACFP)
COVID-19 Waiver Request Form for Institutions

Please complete this waiver request form to apply for one or more of the USDA-FNS approved COVID-19 waivers and upload into the Attachment List section of CHAAMPS for State agency review and approval.

PROCEDURE REVISION PENDING

PLEASE COMPLETE THE FORM FULLY AND INDICATE "N/A" WHERE APPLICABLE

NAME OF CENTER:	
CHAAMPS ID#:	
ADDRESS OF CENTER:	
CENTER CONTACT NAME:	
CONTACT PHONE AND EMAIL:	
INSTITUTION TYPE (CCC, ADC):	

NATIONWIDE WAIVER #1: MEAL TIMES	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 MEAL TIMES NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #1		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
_____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (circle one):	APPROVED DENIED
NOTES:	

***All denials must be accompanied by the State agency justification for the denial.**

NATIONWIDE WAIVER #2: NON-CONGREGATE	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 NON-CONGREGATE NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #2		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
_____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (circle one):	APPROVED DENIED
NOTES:	

*All denials must be accompanied by the State agency justification for the denial.

NATIONWIDE WAIVER #3: AFTERSCHOOL ACTIVITY	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 AFTERSCHOOL ACTIVITY NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #3		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
_____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (circle one):	APPROVED DENIED
NOTES:	

*All denials must be accompanied by the State agency justification for the denial.

NATIONWIDE WAIVER #4: Meal Patterns	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 MEAL PATTERNS NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #4		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
 Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
 _____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (circle one):	APPROVED DENIED
NOTES:	

***All denials must be accompanied by the State agency justification for the denial.**

NATIONWIDE WAIVER #5: PARENT PICKUP	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 PARENT PICKUP NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #5		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
 Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
 _____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (circle one):	APPROVED DENIED
NOTES:	

***All denials must be accompanied by the State agency justification for the denial.**



NATIONWIDE WAIVER #7 MONITORING	YES	NO
THIS INSTITUTION IS APPLYING FOR THE COVID-19 MONITORING NATIONWIDE WAIVER CHILD NUTRITION RESPONSE #7		

If this waiver type is selected, please briefly describe the institution's intention for applying the waiver to meal service operations and the estimated # of children/adults served.

Explanation:

Please check one (1) of the following options:

_____ This institution plans to implement this waiver for a limited time period.
 Beginning on: _____ and ending on: _____ (not to exceed June 30, 2020).
 _____ This institution plans to implement this waiver for the entire waiver period (June 30, 2020).

STATE AGENCY USE ONLY:

REVIEWER NAME:	
REVIEW DATE:	
WAIVER STATUS (<i>circle one</i>):	APPROVED DENIED
NOTES:	

***All denials must be accompanied by the State agency justification for the denial.**